

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						APPLICANT(S) <i>John Doe</i>	
CLAIMS						FEE	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/				51
2			/				52
3			/				53
4			/				54
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42			/				92
43			/				93
44			/				94
45			/				95
46			/				96
47			/				97
48			/				98
49			/				99
50			/				100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS